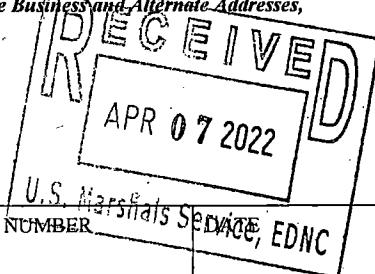


PLAINTIFF Jason Williams	COURT CASE NUMBER 5:19-cv-475-BO
DEFENDANT AT&T Mobility, LLC	TYPE OF PROCESS Order and Judgment
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Anexo Managed Services, LLC c/o Registered Agent Paracorp Incorporated ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 176 Mine Lake Ct., # 100 Raleigh, NC 27615

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Joseph Samuel Dowdy Kilpatrick Townsend & Stockton LLP 4208 Six Forks Rd., Suite 1400 Raleigh, NC 27609	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 2
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Serve by personal service..



Signature of Attorney other Originator requesting service on behalf of: <i>Lindsey Stouch</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 919-645-1700	U.S. Marshals Service, EDNC 4/5/2022
--	--	----------------------------------	---

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 510	District to Serve No. 510	Signature of Authorized USMS Deputy or Clerk <i>Amalago</i>	Date 4/22/2022
---	--------------------	-------------------------------	------------------------------	--	-------------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date <i>5/16/2022</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
--	--------------------------	--

Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>Amalago</i>
--	---

Costs shown on attached USMS Cost Sheet >>

REMARKS

Delivered 5/21/2022

CERTIFIED MAIL *70143490000174550779* ✓
SEE PS FORM 3811 OR USPS TRACKING

FILED

MAY 09 2022

(2) ✓

PETER A. MOORE, JR., CLERK
US DISTRICT COURT, EDNC
BY *5/16/2022* DEP CLK

Form USM-285
Rev. 03/21

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. **5:19-CV-475**
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anexio Managed Services
c/o: Registered Agent Paracorp Inc.
176 Mine Lake Ct., #100
Raleigh, NC 27615



9590 9402 6751 1074 9040 17

2. Article Number (Transfer from service label)

7014 3490 0000 7455 0779

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/2/22

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Fed Mail	
<input type="checkbox"/> Fed Mail Restricted Delivery	
<input type="checkbox"/> \$500	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #

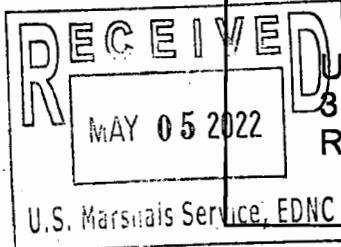


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 6751 1074 9040 17

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*



United States Marshals Service
310 New Bern Avenue, Suite 100
Raleigh, North Carolina 27601